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*Admitted only in Maryland *Admitted only in Virginia •Practice Limited to Federal Agencies

February 16, 2007

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Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 Art Unit 1638

Mail Stop RCE

Re:

U.S. Utility Patent Application

Application No. 10/670,454; Filed: September 26, 2003

For: Gibberellin 2-Oxidase Inventors: THOMAS *et al.*Our Ref: 0623.0970001/MAC

Sir:

Transmitted herewith for appropriate action are the following documents:

- 1. Fee Transmittal (Form PTO/SB/17);
- 2. Credit Card Payment Form (PTO-2038) in the amount of \$1,620.00 to cover:

\$ 790.00 Request for continued examination; \$ 120.00 Extension of time for one month; \$ 350.00 Excess claims fee; and \$ 360.00 Multiple dependent claims fee.

- 3. Petition for Extension of Time Under 37 C.F.R. § 1.136(a)(1);
- 4. Request for Continued Examination (RCE) Transmittal (Form PTO/SB/30);
- 5. Petition Under 37 C.F.R. § 1.181, with exhibits 1, 2, and 3;
- 6. Amendment and Reply Under 37 C.F.R. § 1.116 Which Accompanies the Filing of a Request for Continued Examination (RCE); and
- 7. Return postcard.

Sterne, Kessler, Goldstein & Fox PLLC.: 1100 New York Avenue, NW: Washington, DC 20005: 202.371.2600 f 202.371.2540: www.skgf.com

Commissioner for Patents February 16, 2007 Page 2

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier.

In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Michele A. Cimbala

Attorney for Applicants

milet A. Cirles

Registration No. 33,851

MAC/rjv Enclosures

641086_1.DOC

PTO/SB/17 (01-06)

Under Paperwork Reduction Act	of <u>1995</u> no p	persons are required to r	U.S. Paten	nt and Tra	demark Office; U.S	irough 07/31/2006. OMB 0651-0032 S. DEPARTMENT OF COMMERCE isplays a valid OMB control number			
	1111		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/6		10/670,454	670,454			
FEE TRANSMITTAL			Filing Date	Filing Date Se		September 26, 2003			
For FY 2006			First Named In	First Named Inventor Ste		tephen Gregory THOMAS			
Applicant claims small entity status. See 27 CER 1 27			Examiner Nam	Examiner Name Baur		rt F.			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	rt Unit 1638					
TOTAL AMOUNT OF PAYMENT	(\$)	1,620.00	Attorney Docke	et No.	0623.0970001/MAC/SJE				
METHOD OF PAYMENT (che	ck all that	apply)							
Check X Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.									
For the above-identified de	posit accou	unt, the Director is he	reby authorized to	o: (check	all that apply)				
Charge fee(s) indica	ited below		Char	ge fee(s)	indicated below	v, except for the filing fee			
X Charge any addition	ial fee(s) or	r underpayments of fe	e(s) X Credi	it any ov	erpayments				
under 37 CFR 1.16 WARNING: Information on this form		e public. Credit card in	_	-	• •	rm. Provide credit card			
Information and authorization on PTC	O-2038.	·							
FEE CALCULATION (All the			iling or may be	subjec	t to a surcha	rge.)			
1. BASIC FILING, SEARCH, A	AND EXAI		DOU FEE		יייאיאדוסאו ככ				
	Small	Entity	RCH FEES Small Entity		MINATION FE Small Entit	ty			
		e (\$) Fee (\$	Fee (\$)	Fee	(\$) Fee (\$)	Fees Paid (\$)			
Utility 30	_		250	200					
Design 20			50	130	- 05				
Plant 20		7.7	150	160	-	-,			
Reissue 30			250	600	300	9-11-11-1			
Provisional 20	0 10	0 0	0	(0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (includ	Fee (\$	Small Entity Fee (\$) 25							
Each independent claim over 3 (including Reissues)						100			
Multiple dependent claims						180			
Total Claims						le Dependent Claims			
31 - 20 or HF24 7 x \$50.00 = \$350.00 HP = highest number of total claims paid for, if greater than 20.						\$) Fee Paid (\$)			
Indep. Claims Extra	360_								
1 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
					r small entity)	for each additional 50			
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									

SUBMITTED BY			_	-	
Signature	milich A. Centra	Registration No. (Attorney/Agent)	33,851	Telephone	(202) 371-2600
Name (Print/Type	Michele A. Cimbala			Date	

Other (e.g., late filing surcharge): \$790.00 Request for RCE and \$120.00 for one-month extension

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

(round up to a whole number) x

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees Paid (\$)

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